

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">60761561</div>	FILING DATE			
							APPLICANT(S)				
<div style="font-size: 1.2em; font-weight: bold;">6-3-04</div> CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.	40		8		7						
TOTAL DEP.	26		19		19						
TOTAL CLAIMS	66		27		26						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1350 (REV. 3-78)